



State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities

Project Charter December 2005	
Goal	Eliminate racial and ethnic disparities in infant mortality and assure the best outcomes for all mothers and babies in Wisconsin.
Justification	<p>Wisconsin has achieved the Healthy People 2010 goal of 4.5 infant deaths per 1,000 live births for white infants. Wisconsin must improve birth outcomes to achieve this goal for all racial and ethnic groups.</p> <p>In 2004, African American babies in Wisconsin died at the rate of 19.2 per 1,000—4.3 times the rate of white Wisconsin babies, which is a disparity ratio as high as any in the nation (for the 40 states reporting African American infant mortality). For the most recent three-year period, the rate of infant death among Wisconsin American Indians was 9.0 per 1,000, twice that of white infants. Improvements are also needed for Laotian/Hmong infants, where the rate is 8.3 per 1,000, and among Hispanic infants, where the rate is 6.2 per 1,000 live births.</p> <p>As of 2001, more than 60% of the \$123 million charged to Medicaid for infant hospitalizations during the first year of life, in Dane, Kenosha, Milwaukee, Racine, and Rock counties were for low birthweight infants, which make up only 10.4% of the births in those counties.</p>
Description	This project will promote state, local, and community coordination and action to improve birth outcomes, including developing and implementing effective, evidence-based strategies to eliminate disparities. Initial efforts will focus on African American births and infant mortality in southeastern and southern Wisconsin. The project is committed to re-investing savings realized to continue to fund and improve prevention efforts.
Objectives	<ul style="list-style-type: none">▪ Data: Monitor statewide and local trends in low birthweight, prematurity, and Sudden Infant Death Syndrome (SIDS); and evaluate the effectiveness of interventions.▪ Communication & Outreach: Promote awareness of and maintain open and on-going communications and outreach.▪ Quality Improvement: Develop quality improvement processes, such as Medicaid eligibility determination and services for newborns and pregnant women; tracking high-risk women; coordination with family planning, teen pregnancy prevention, and STD/HIV services.▪ Community & Evidence-Based Practices: Deploy community and evidence-based practices that eliminate disparities.

Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities
Project Charter December 2005

Measurement of Success	<ul style="list-style-type: none"> ▪ Increased awareness of disparities in birth outcomes and awareness of effective strategies to eliminate disparities. ▪ Quality improvements by coordinating, evaluating, and recommending improvements of internal and external programs and services. ▪ Implementation of community and evidence-based practices that support healthy birth outcomes and promote best practices. ▪ Reductions in infant mortality rates, premature and low birthweight births in Wisconsin's minority populations. 	
Timeframe	2005-2010: Five-year strategic planning, implementation and evaluation.	
Project Organization	Executive Champion	Helene Nelson – DHFS Secretary
	Executive Sponsor	Sheri Johnson – DPH Administrator
	Project Co-Manager	Patrice M Onheiber – Maternal and Child Health Supervisor
	Project Co-Manager	Kelli Jones – Minority Health Officer
	Project Consultant	Jenny Padden – IT Business Consultant
Communication	<ul style="list-style-type: none"> ▪ Monthly updates to Executive Management Team. ▪ Intranet site to communicate across divisions. ▪ Internet site to communicate with the public and community partners. 	
Resources	<ul style="list-style-type: none"> ▪ Divisions will contribute staff time and expertise to this project: DCFS, DDES, DHCF, DMT, DPH, and OSF. ▪ TANF funds will be used for the five-year Milwaukee Home Visiting Project in central Milwaukee through a contract with the Milwaukee City Health Department. ▪ MCH funds will be used for statewide projects with the Wisconsin Association for Perinatal Care and the Infant Death Center, including new pilot projects in Beloit and Racine. ▪ Minority Health Program, Tobacco Control Program, and DDES funds will be used for the statewide awareness campaign. ▪ Savings realized will be reinvested to continue to fund and improve prevention efforts. ▪ Analysis of need for additional resources will be an element of this project. 	
Deliverables	<ul style="list-style-type: none"> ▪ Strategic plan for “Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities” ▪ Fact sheet on Infant Mortality ▪ Reports on Newborn Eligibility, Presumptive Eligibility and regular Medicaid for Pregnant Women, Prenatal Care Coordination (PNCC) and Child Care Coordination (CCC) ▪ Replicate successful best practices for providers and consumers and identify the resources to implement them statewide ▪ Develop the business case for the total cost of eliminating disparities using current health care costs and estimates 	
Barriers and Constraints	<ul style="list-style-type: none"> ▪ Limited funding ▪ Multiple determinants of health such as racism, poverty, lack of adequate funding, education, employment and incarceration. 	

Healthy Birth Outcomes: Eliminating Racial and Ethnic Disparities
Project Charter December 2005

Action Items	<ul style="list-style-type: none"> ▪ Implement a five-year comprehensive home visiting project with the City of Milwaukee Health Department in a 6-zip code area of central city Milwaukee. ▪ Expand the First Breath smoking cessation program to reach all pregnant women in the central city of Milwaukee, and replicate in Dane, Kenosha, Racine, and Rock counties. ▪ Secure mental health and substance abuse treatment services for all pregnant women in need within the central city zip code area of the Milwaukee Home Visiting Project and identify resources for expansion. ▪ Develop a pilot project with the Department of Workforce Development to improve maternal education and employment strategies for pregnant women in the targeted zip codes of the Milwaukee Home Visiting Project. ▪ Establish a Data Resource Committee for data collection, analysis, and dissemination, with an emphasis on community-based participatory research strategies. Members include representatives from the Center for Cultural Diversity in Healthcare, the Center for Urban Population Health, the City of Milwaukee Health Department, the Medical College of Wisconsin, the University of Wisconsin-Madison School of Medicine and Public Health, and the University of Wisconsin-Milwaukee. ▪ Implement, with consumer participation, a statewide consumer and media awareness campaign, including culturally appropriate best practices and messages to reduce low birthweight births, to educate on the signs of preterm labor, and on safe sleep practices for infants. ▪ Schedule grand rounds and in-service trainings on evidence-based practices to reduce low birthweight and prematurity at birthing hospitals in Milwaukee, Dane, Kenosha, Racine, and Rock counties. ▪ Redistribute current funding for teen pregnancy prevention efforts in Milwaukee, to highlight evidence-based practices and coordinate Department-wide resources. ▪ Seek to expand funding for fatherhood programs that emphasize parenting skills, early childhood development, and emotional support for their partners. ▪ Implement continuous quality improvement measures on Medicaid eligibility for newborns and pregnant women in Milwaukee and expand to Dane, Kenosha, Racine and Rock counties. ▪ Implement other culturally appropriate evidence-based practices as determined cost-effective and feasible.
---------------------	---